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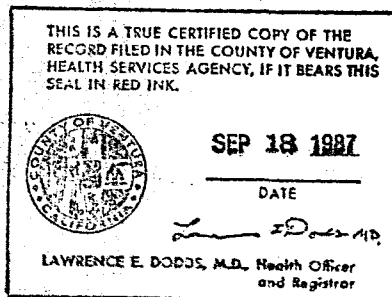
2423

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

| | | | | | | | | | | | |
|---|--|--|--|---|--|---------------------------------------|--|--|--|--|--|
| STATE FILE NUMBER | | 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | | 1C. LAST | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | |
| | | BOBBY | | WAYNE | | HOLLAR | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR | | | |
| 3. SEX | | 4. RACE/ETHNICITY | | 5. SPANISH/HISPANIC NO | | 6. DATE OF BIRTH | | 7. AGE | | 8. MONTHS | |
| Male | | White/American | | | | February 8, 1936 | | 51 YEARS | | 1315 | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | | 9. NAME AND BIRTHPLACE OF FATHER | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER | | 11. CITIZEN OF WHAT COUNTRY | | 12. SOCIAL SECURITY NUMBER | | 13. MARITAL STATUS | |
| NC. | | Fred Hollar - NC. | | Mary Agnes Hudson - NC. | | USA | | 483-32-8784 | | Married | |
| 15. PRIMARY OCCUPATION | | 16. NUMBER OF YEARS THIS OCCUPATION | | 17. EMPLOYER OF SELF-EMPLOYED, SO STATED | | 18. KIND OF INDUSTRY OR BUSINESS | | 19. CITY OR TOWN | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | |
| MSGT. | | 21 | | U.S. Air Force | | Dept. of Defense | | Camarillo | | Carol Hollar - Wife | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 19B. | | 19C. CITY OR TOWN | | 19D. COUNTY | | 19E. STATE | | 21A. PLACE OF DEATH | |
| 806 Jay Ave. | | | | | | Ventura | | CA. | | Residence | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 21D. CITY OR TOWN | | 21E. COUNTY | | 21F. STATE | | 21G. ZIP CODE | | 21H. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | |
| 806 Jay Ave. | | Camarillo | | Ventura | | CA. | | 93010 | | Carol Hollar - Wife | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | (A) <i>Small Cell Lung Cancer</i> | | (B) | | (C) | | 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A | | 24. WAS DEATH REPORTED TO CORONER? | |
| | | | | | | | | none | | YES #1386-87 | |
| 25. WAS BIOPSY PERFORMED? | | 26. WAS AUTOPSY PERFORMED? | | 27. WAS OPERATION PERFORMED? FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION | | 28. DATE WHEN SIGNED | | 28D. PHYSICIAN'S LICENSE NUMBER | | 29. DATE WHEN SIGNED | |
| Yes | | No | | None | | 9/17/87 | | 627552 | | 7/13/87 | |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | | 31. INJURY AT WORK | | 32A. DATE OF INJURY—MONTH, DAY, YEAR | | 32B. HOUR | | 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | |
| | | | | | | | | | | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | |
| 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION) | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | | 35C. DATE SIGNED | | 36. DISPOSITION | | 37. DATE—MONTH, DAY, YEAR | | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | |
| | | Michael Masterson, M.D. | | 7/13/87 | | Mausoleum | | Sept. 19, 1987 | | Conejo Mountain Cemetery, Camarillo, CA. | |
| 39A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | | 39B. LICENSE NO. | | 39C. LOCAL REGISTRAR—SIGNATURE | | 39D. DATE ACCEPTED BY LOCAL REGISTRAR | | 39E. NAME AND ADDRESS OF CEMETERY OR CREMATORY | | 39F. NAME AND ADDRESS OF CEMETERY OR CREMATORY | |
| Griffin Brothers, Camarillo | | F 892 | | Lawrence E. Dodds | | SEP 17 1987 | | Conejo Mountain Cemetery, Camarillo, CA. | | Conejo Mountain Cemetery, Camarillo, CA. | |
| STATE REGISTRAR | | A | | B | | C | | D | | E | |
| | | | | | | | | | | | |

VS-11 (1-85)



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Carol Hollar the 21st day of Jan. A.D., 19 92 at 11:41 o'clock A.M., and duly recorded in Vol. M92 of Deeds on Page 1231.

FEE \$8.00

Return: Carol Hollar
806 Jay Ave., Camarillo, Ca. 93010

Evelyn Biehn County Clerk
By Lawrence E. Dodds